

Peace of Mind Healthcare Ltd

Branch House

Inspection report

Taunton Road
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Bridgwater
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Branch House is a care home for up to four people. At the time of the inspection four people were using the service. An annexe had been built and adapted to meet the needs of one person.

People's experience of using this service and what we found

This service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support

The service gave people care and support in a clean, well equipped and well-furnished environment that met their sensory and physical needs. Some environmental risks were not being well managed. These were being addressed during the course of the inspection.

Staff supported people to have the maximum possible choice, control and independence and to be in control over their own lives; the policies and systems in the service supported this practice.

People were supported to be involved in decisions about their care and support. Staff were observed communicating with people in ways that met their needs and supporting people to make choices.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. We observed people being involved in aspects of daily living including cooking their meals.

Staff supported people to take part in home-based activities and pursue interests in their local area if they enjoyed this. One person had a voluntary job and others were starting to return to activities that had been paused during the pandemic.

People were supported in ways that reduced periods of distress. People were clearly relaxed with staff and reassured by their presence.

Staff enabled people to access specialist health and social care support in their local community.

Staff supported people safely with their medicines and worked with health professionals to achieve good

health outcomes. Staff worked with other professionals to avoid people taking unnecessary medicines.

Infection control procedures and measures were in place to protect the people from risks associated with COVID-19.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Throughout the inspection we observed kind, relaxed, compassionate and caring interactions between people and staff.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

People who had individual ways of communicating, such as using Makaton (a form of sign language) and pictures could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them. One relative told us "They are trying to introduce more Makaton signs and I believe [person's name] does use some signing as far as possible, I do think they understand".

People's care plans and risk assessments reflected their range of needs and this promoted their wellbeing and enjoyment of life.

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Throughout the inspection we observed that staff were respectful of people and took time to offer support and reassurance when needed. One relative told us "I hope this is where [person's name] will stay. It would be a sad day if we had to move [person's name]."

People received good quality care and support because trained staff could meet their needs and wishes.

Staff knew and understood people well and were responsive; supporting their aspirations to live a quality life of their choosing.

Staff placed people's wishes, needs and rights at the heart of everything they did.

Most relatives spoken too felt they were fully involved. They spoke positively about the service, with one relative stating they felt "completely" involved. However, another stated they didn't feel involved.

The registered manager and nominated individual were open and transparent throughout our inspection.

The registered manager and nominated individual acted efficiently on queries and feedback throughout the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The rating at the last inspection was Good. (Published March 2020)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This report only covers our findings in relation to the key questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection, that rated those key questions, to calculate the overall rating. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Branch House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Branch House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

We undertook this inspection as part of a random selection of services rated Good and Outstanding

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector and an Expert by Experience carried out the inspection: An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Branch House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We looked at all the information we had received about and from the home. We used the information the provider sent us in the provider information return. This is information providers are required to send us with

key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

One inspector visited Branch House on 23 and 24 May 2022. We spoke/communicated with the four people who used the service and one relative about their experience of the care provided. On 25 May 2022 an expert by experience spoke with a further five relatives about their experience of the care provided.

We spoke with five members of staff including the registered manager.

We checked two people's medicines records and looked at arrangements for administering, storing and managing medicines.

We reviewed a range of records. This included three people's care records and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included a referral to the local fire service in relation to fire safety.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Some environmental risks were not being well managed. Risk assessments, that were in place in relation to the environment, were not being followed. For example window restrictors were found to have been undone although the environmental risk assessment states that 'Window restrictors in place', and the frequency of fire checks were not being completed in line with the fire risk assessment. The window restrictors were reattached immediately, and we received assurances that fire checks would be completed within appropriate timescales.
- Legionella checks had not been completed. The provider received advice in 2016 that legionella tests or certificates were not required. Further advice received in 2021 was that if a survey had been completed a risk assessment was not needed. At the time of the inspection no survey had been completed. Following the inspection this was done. The provider has given assurances that shortfalls identified will be addressed.
- During the inspection potential shortfalls were identified in relation to fire safety as fire doors were not in place. We were informed that advice the provider received in 2021 was that due to the size of the properties these were not required. After the inspection, we contacted the local fire service and local safeguarding team and informed them about our concerns. A fire safety visit was undertaken by the local fire service. The provider actioned immediate concerns and has given assurances that shortfalls identified will be addressed.
- We found no evidence that people had been harmed as a result of the above shortfalls.
- People had detailed risk assessments and associated care plans in place. People were involved in managing risks to themselves and in taking decisions about how to keep safe. Where appropriate, staff encouraged and enabled people to take positive risks.
- People had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- People's freedom was restricted only where they were a risk to themselves or others, as a last resort and for the shortest time possible. The need to put restrictions in place for safety had reduced as staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe. One person was involved in deciding how they wanted to be supported when experiencing emotional distress.
- People spoken with felt safe and happy about the care they received.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew people well and understood how to protect them from abuse.
- The service had a clear safeguarding policy in place and staff spoken with understood their role when

reporting potential abuse or harm.

- Staff had training on how to recognise and report abuse. Staff we spoke with understood how to identify and report safeguarding concerns.
- People looked comfortable and relaxed with the staff who worked with them. One person told us they felt safe living in Branch House.

Staffing and recruitment

- The service had enough staff, including support for people to take part in activities and visits. Staff said they always had the correct number of staff on duty and this was sufficient to meet people's needs at home and when accessing the community.
- Staff recruitment processes promoted safety. The provider had a recruitment policy in place.
- New staff went through a robust recruitment procedure to make sure people were kept safe. One staff spoken with told us that this included seeking references and carrying out disclosure and barring checks.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- People received their medicines safely from staff who had received specific training. This included training from professionals on specialist techniques to enable people with specific health needs to be supported.
- There was guidance for staff to follow to make sure people were given medicines in accordance with their wishes and chosen routine. This included a protocol for medicines being given on an as required basis.
- Clear medication administration records were kept. Staff signed when administered or refused. This enabled the effectiveness of medicines to be monitored.
- Topical creams were not dated when opened and did not give details of where on the body they should be applied. The registered manager gave assurances that this would be rectified.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.
- The service prevented visitors from catching and spreading infections. One relative told us "During COVID they would ring us about the procedures, visiting and jabs."
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Although there had not been any recent accidents or incidents, the registered manager told us that any accident or incident would be investigated with any lessons learnt.
- Staff spoken with knew how to raise concerns and record incidents and near misses. This helped keep people safe.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had the skills, knowledge and experience to perform their role, a clear understanding of people's needs and oversight of the service they managed.
- Throughout the inspection the registered manager and nominated individual were open and transparent. This demonstrated their commitment to provide person-centred and high-quality care. The registered manager and nominated individual acted efficiently on queries and feedback throughout the inspection.
- Governance processes helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. These included regular audits that included medication, complaints/compliments and accidents/falls/significant events. The registered manager had developed effective trackers and checklists to support with this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The team showed their commitment to providing person centred, high-quality care. This had led to a reduction in people's anxieties. People were observed to receive individualised support in line with their support plan from staff who were kind, caring and patient.
- Staff told us that the culture and ethos of the home is "To ensure the best life for these guys, achieve best of abilities and achieve goals".
- We received some mixed feedback from relatives. Relatives told us "We think the service is excellent" and "[The person's] made progress and is independent, can do much more on [there] own." Another relative told us "what [the person] was doing in the house before [the person] was more independent. There's a lot done for her."
- The registered manager was visible in the service, approachable and took a genuine interest in what people had to say. Staff felt supported by the registered manager which supported a positive and improvement-driven culture. Staff told us "[The registered manager] has been amazing, really supportive"
- The registered manager worked directly with people and led by example. Staff told us that in times of staff shortage the registered manager provided support.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest and open about any incident or accident that had caused or placed a person at risk of harm.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff supported people to express their views using their preferred method of communication. Staff were using various communication methods which were personal to individuals. Staff had received Makaton training to aid communication and involvement with one person, and we saw 'Now, then and later' boards within people's bedrooms.
- People worked with managers and staff to develop and improve the service. Monthly keyworker meetings were held. Feedback from these meetings was then used to develop the service. For example specific training required for one person was identified through this process.
- The registered manager told us that they had worked with families to establish how and when they would like communication e.g. one family received regular calls, another chose emails, and another had chosen only to be contacted when they needed to be aware of something.
- We received some mixed feedback from relatives regarding how informed and involved they felt. Most relatives spoken too felt they were fully involved. They spoke positively about the service, with one relative stating they felt "completely" involved. However, another stated they didn't feel involved.

Working in partnership with others

- The service worked well in partnership with other professionals and organisations to make sure people received the support they needed. This included occupational therapists to ensure the environment met the needs of the people who live at the location.
- The service also worked in partnership with other healthcare professionals to reduce the medication people received.